PTORESOS (03-03)
Appeared for this Eurough 7/3 1/2009, Okil9 0651-0033
U.S. Patient and Testement Office; U.S. DEPARTISE/RGF CO MMERCE
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Under the Paperson Reduction Act of 1995, no persons are required to aspond to a collection of information enter PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								10/14/94		
CLAIMS AS FILED - PART ((Column 1) (Column 2)					6 MALL ENTITY		OR	OTHER THEM SMALL ENTITY		
FOR	· NUMBE	· NUMBER FILED NUMBER EXTRA		RATE	FEE	·	RATE	FEE		
ASIC FEE 17 CFR 1.14(4))						•	OR			
OTAL CLAMAS OT CFR 1.1600	colone 20 +			x 4		O/R	x			
DEPENDENT CLAMB 17 CFR 1.1000)		minus 3 s *		x &•		OR	× 8			
ULTPLE DEPENDENT C	••		OR	+8						
"If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		oR	TOTAL		
CLAIJ	us as ame	ENDED.	- PART II			•	•			
5-18-06 (Column 1) (Column 2) (Column 3)					5MALL I	NTITY	CR		R THAN ENTITY	
	CLAIMS ENANING AFTER MEMOMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FIEE		RATE	ADDI- TIDNAL FEE	
Total of care uses	26	Minus	do		×4•		OR	же		
the contract of the contract o	.3	Minus	- 3	_نب	× *=	·	OR	×4	-	
FRIET PRESENTATION OF MAILTIPLE GEPENDENT CLAIM (ST CFR 1.18(d))					+1		OR	• 2 •		
					. TOTAL ADDL FEE	•	OFI	TOTAL ADDL FEE		
2-5-0%	Column 1)		(Culuma 2)	(Cotumn 3)		•		·	•	
⊵l l¨	CLAIMS EMAINING AFTER LEXIDMENT		HIGHEST * HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL - FEE		RATE	ACOI- TIONAL FEE	
Fotal Cities	MAL	Minus	**	•	× 2		OR	× •	•	
Z Industrial S	:	Milita	260	•	× 9•		OR	x 9		
FRET PRESIDITATION OF MATURE DEPENDENT CLAM (37 CFR L. M(d)					+:		OR	+4		
0					YOTAL ADDL FEE		OR.	ADDL FEE		
8-17-0	Alumn 1)		· (Column 2)	(Caturan 3)						
	CLAIMS EMANING AFTER IENDMENT		HICKEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total grane Lieby	77	Minus	-26	• (× 2		OR	X 8		
(pdepended (profe trapp	3	Minus	" '3	\cdot	x 8 · •		OR	X 8 a		
AFTER PREVIOUSLY EXTRA FEE TIONAL FEE TOWN CR IN TOWN TOWN CR										
		<u> </u>			YOTAL ADO'L FEE		OR	TOTAL .		
* If the entry in column ** If the "Highest Numi *** If the "Highest Numi	ber Previousty	Paid For	IN THIS SPACE	is less than 20, o	enter "20".		-	, '	•	

If the "Highest Number Previously Paid For" (Total or Independing in the highest number found in the appropriate box in column 1.

This religiously Number Previously Paid For" (Total or Independing in the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.18. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.18. This collection is estimated to take 12 minutes to complete, anothering publishing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the smoult of time you require to complete this form another suggestations for reducing this-balden, should be send to the Chief Information Officer, U.S. Palent and Tredemark Office, U.S. Ospertment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Converts stoner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.